

# MASSACHUSETTS CLEAN VESSEL ACT (MA-CVA) INVOICE CHECKLIST AND SUBMITTAL FORM

This form must be submitted as a cover page whenever you send invoices in for reimbursement

To: Massachusetts Clean Vessel Act Program  
From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, MA \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## No invoice will be reimbursed unless it:

1. Is dated between the start and finish dates of the contract
2. Is signed
3. Is marked *Paid*
4. Is clearly identified and related to the CVA Program.
5. Is submitted prior to July 30 for the preceding fiscal year; and
6. Is submitted with a pumpout log and total number of boats and gallons pumped for the season

INVOICE FROM (VENDOR'S NAME)	INVOICE AMOUNT	INVOICE DATE	CHECK IF SIGNED (✓)	CHECK IF PAID (✓)	CHECK IF PROPERLY IDENTIFIED AS CVA EXPENDITURES (✓)

**Invoice Total**        \$\_\_\_\_\_

**Labor Total**        \$\_\_\_\_\_ (Include supporting payroll documentation)

**Total # of Boats:** \_\_\_\_\_ **Total # of Gallons:** \_\_\_\_\_ **Boating Season (dates):** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_